2411 N. Charles St., Baftimore

CERTIFICATE OF DEATH

09765 Reg. Dist. No. 332

PLACE OF DEATH: .	2. USUAL RESIDENCE (HOME) OF DECEASED:
ounty Aucamus	(For newhorn infants give residence of mother)
	State Allaware County Awares
y or town(If outside city or town limits, write RURAL and give nearest town)	City or town Saurel
w long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
ospitationstitution, or street address where death occurred:	Street No.
Jenensula General Haghelal	(If rural, give LOCATION)
w long in hospital or institution? 7 Asso. 57 Mission.	2.(α) 1 veleran, name war
. (a) FULL NAME	3. (b) Social Security Number
Robert Bally Barre	non
Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mule w	20. DATE DE DEATH. September 2 19.48 21. 8
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
i,(b) Name of husband or wife	9/2 1941 10 9/2 18
Birth date of	ars and that 1 last saw harmalive on 9/2/4/6
deceased (mo., day, yr.) depot 2 9248	
B. AGE: Years Months Days If less than one day	
0 0 1 0 7 hrs. 57 mil	in. Tem durily
D 1	
9. Birihpiace	Due to
(/	,
ID. Usual occupation.	Due 10
11. Industry or business	
12. Name deaserelle / Jakul	Other conditions
13. Birthplace & Sels	
x h + Valence	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
15. Birthplace	Date of op.
. (2)	Autopsy results.
16, Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address daenel sel,	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Busial Date thereof Level 4 4 4	Accident, suicide, or homicide
(Burial, cremation, or removal Which?) (month) (day) (year)	
Cemetery or crematory.	Where did Injury occur?
~ / Lauke	Injured at home, farm, Industry, public place (where?)
Location	Misens of Injury Injured at work?
18. Funeral director. August Militarian	
Address / Hedershows Md.	Charles in mayer
0.14	23. SIGNATURE. M. D'OROPHOS
Musiprovidence Trees & Table	6) Land Ds 9/3
(Date tec'd by registrar) Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09766 Reg. Dist. No.332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED (For a whorn it has give residence of mother)
County Wiconsup	ma. Micmic
(If outside city or town mits, write RURAL and give nearest town)	Pellsell
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Persona deseral dospetal	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bakes mrs. Josephine St	uther
4. Sex 5. Color or race 6.(a) Stigle, married, widowed, or divorced	MEDICAL CERTIFICATION
Homas Whate Midan	2D. DATE OF DEATH Sept 7- 1948 at 100 M
Artie Danne 1 Rate	20. DATE OF DEATH
S.(b) Name of husband or wife.	10 CENTIFY THAT death occurred on the date above stated, that Partended occased from
7. Birth date of Service Control of the Control of	and that I last saw h. A. alive on A. T. 184
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	sites I atitude 11day
7/ 3 29hrshrs.	
9. Birthplace Ann. Thee Mid	Que to about adhering crust
(Town, county, and state)	
1D. Usual occupation	Que to
11. Industry or buginess & John	
12. Hame Benjamin Thomas Shock	Dine conditions
12. Name Dengamin Thomas Maren 13. Birthplace Maren This mad.	
	(Include pregnancy within 3 months of death)
14. Maiden name Katheine Rum 15. Birthplace West Point Visinia	Majar fiadings fi operations Mulliple abox
E 15. Birthplace La Paris Paris	Date of op.
16. Informant.	Antapsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Petterille Maryland	
17 Buil of Dale thereof Sept. 10-19	22 MOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (mosth) (day) (year)	Accident, suicide, or homicide
Cemetery of crematify	Where did Injury occur?
Locato felma delamaje	Injured at home, tarm, Industry, public place (where?)
Itelloway + G. Walter K. Walls	Manys of Injury Injured at work?
Salich Manland	1 1 1 1 1 2 2
Manufacture of the state of the	23. SIGNATURE FORadender U.D.
Sept-8 1948 Thuise Strong layer	M. D. or other
(Date rec'd by registrar) Registra	Address Date signed Date signed





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1. PLACE OF DEATH:

deceased (mo., day, yr.)

(Burial, cremation, or removal. Which?)

How long in above place of death?.....

Hospital, Jaglitution, or street address where death occurred:

(If outside city or toyal limits, write RURAL and give nearest town)

(Town, county, and state)

Date thereot

(month) (day) (year

23. SIGNATURE

6.(a) Single, married, widowed, or divorced

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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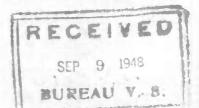
E OF DEATH	Reg. Diat. No. 336
2. USUAL RESIDENCE (HOMI (For newborn infants give residen State Many (If outside city or town	E) OF DECEASED: ce of mother) County Limits, write RURAL and give nearest town)
Street No	, give LOCATION)
JN	3. (b) Social Security Number
MEDICAL	L CERTIFICATION
20. DATE DE DEATH. Sexten	alex 6 19 48 21 10 20
	ate above stated; that I attended depeased from
5 Deax.	
and that I last saw h. A.Aalive on	1. 2014 4
Immediate cause uf death	DURATION
	unchapulumonia 2 da
	-
Oue to agains dela	undtlemmed
Due to.	
Other conditions Conselled	y alast
disease Of you	hin 3 months of death)
Major findings of uperations	none
	Date of op
Autopsy results	tu which death should be charged statistically.
22. VIOLENCE: If death was due to exteri	nal causes, till in the following;
Accident, suicide, or homicide	
Where did Injury occur?	own) (County) (State)
Where did Injury occur?(City or to	

VFADING INK. Supply every item of information carefult. Physicians: please write the causes of death clearly an How long in hospital or institution?.... 3. (a) FULL NAME 6.(b) Name of husband or wife..... 8. AGE: 10. Usual occupation..... PLAINLY, vis especially RITE 1

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2411 N. Charles St., Baltimore

		23	2
g.	Dist.	No.	

DURATION

CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town Outside city or town limits, write RURAL and give nearest town Street No. 304 (If rural, give LOCATION) 2.(a) th veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colle or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
6.(6) Name of husband or wife Emma Lee Cartes 6.(c) If alive, give age 32 year deceased (mo., day, yr.)	2D. DATE DE DEATH 19. at
8. AGE: Years Months Days It less than one day hrs. mi 9. Birthplace	Ammanufita
11. tndustry or business Farm 12. Name South Service	Due to
12. Name	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Emmas Lee Carter	Autopsy results.
Address Salisbury, Mel Co W. 7, allew Co. 17. Burial, cremation, or removal. Which?) Date there OB 3, 19.48. (Burial, cremation, or removal. Which?)	PHYSICIAN: Please underline the cause to which death should be charged statistical 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Commetery or comments Treen alles Location Salisbury M. J.	Where did Injury occur?
Address Salesburg and	Means of Injury Injured at work? 23 SIGNATURE
18 Date red by registrar) 19 48 Source Mong Coul	Do bearing that themen

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09769 g. Dist. No. 332

I. PLACE OF DEATH	2. USUAI. RESIDENCE (HOME) OF DECEASED:
County	
(If outside city or town limits, write RURAL and give nearest town	State State
	Cily or town (If outside city or town limits, write RUR &L and give nearest town)
ow long in shore pisce of desth?	800 1411 15
5-17-11	Street No.
	(May I lan I wrote
low long in hospitat or institution?	
3. (a) FULL NAME Theodore Tho	na Clark Med. Whentus
1. Sek 5. Golor or racs 8.(a)Single, married, widowod, or divorced	MEDICAL CERTIFICATION
Mil. White Wed mes	Ment 13 th 48 84
Doda D A A	20. DATE OF DEATH.
B, (b) Name of husband or wife Mary E. Clark	21. I CERTIFY that desth occurred on the dato above stated; that I attended deceased from
1011	Vests 10 3 19 4 8 10 3 19 4 8 10 19 4 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 8 10 19 4 10 19 10 10 10 10 10 10 19 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth dato of	and that I lest saw h. 117 slive on
decessed (mo., day, yr.)	Immediate cause of death DURATIO
B. AGE: Yesrs Months Days If less than one day	Reshinate I.D.
79 2 2 mm.mhrs.	min.
Meletie C. md	Greunon of bar 3d.
9. Birthplace	Duo to
George Man	A De la Company
10. Usual occupation.	Due lo.
11. Industry or business	
12. Name	Dither conditions I del flanding to
12. Name	from the sea
5 No. Reend	(Include pregnancy within 3 months of death)
14. Meiden name No. lecked	Major fadiags of operations.
X 15. Birthplace	Date of op.
16. Informan	Autopsy results
GAA 7611 J. Leller 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address of May 12 factory	16-22 VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remayal Whish?) (Burial, cremation, or remayal Whish?)	Accident, suicide, or homicide
(Burial, cremation, or remarks). Which?) (month) (day) (year	
Cemetery or crematory	Whors did lalusy occur? (City or town) (County) (State)
Location Labellum Md.	Injured at home, farm, industry, public pisce (where?)
Will man & P. Wall- B Hell	Mesons of Injury Injured at work?
18. Funers i director	I DO AND OF
somalethy med.	Kobert K, Star
8 ALL DI 9 9	23. SIGNATURE M. Desettrer



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2411 N. Charles St., Baltimore

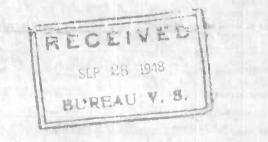
CERTIFICATE OF DEATH

0977()
Reg. Dist. No. 330 940

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For residence of mother)
City or town	State County County
10 11	City or town
How long in above place of death?	17 (9)
\mathcal{H}, \mathcal{H} .	(If rurul, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alice P. Cooper	3. (0) Social Security Number
4. Set 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale White Widow	20, DATE DE DEATH Sept. 23 = 1948, at 9 = 1
8.(b) Name of husband or wife deven H. Cooper	21. I CERTIFY that death occurred on the date above stated: that I strended deceased from
Dead	1948 10 45778 1948
7. Birth date of deceased (mo., day, yr. Cours, 11-1869,	and that t last saw h
8. AGE: Years Months Days tt less than one day	Immediate cause of death.
79 1 12nrs. min.	greening a course of
9. Birthplace RD. Mardela md.	Due to
(Town, eounty, and state)	
10. Usual occupation	Due 10
11. industry or business at Home	
E 12. Name Hour Howard	Diher conditions & pullus
3 13. Birthplace Helson maryland	arthur drows.
	(Include pregnancy within 3 months of death)
14. Maiden name Emma Saylor 15. Birtholace P. D. Mardela Marel and	Major fiadings of operations.
E 15. Birthplace / N. Manual Maria and	Date of op.
16. Informant · Seren Cooper	Autopay results
Address P. D. Mardela Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Qui. 1 1 1 1 1 1 1 1 26-19	222 VIOLENCE: If death was due to exfernal causes, fill in the following;
17. (Balal, cremstion, or removal, Which?) Date thereof (month) (day) (year)	Recident, suicide, or homicide
Compley of Frames and any	Where did Injury occur?
Season H. 1 Corner Ham	Majore 3 none, Family Industry, public place (where?)
Location	Meens of Injury Injured at work?
1) Funeral director	
Tassihing Maryland	15 / willman
autal a Canacalla	23. SIGNATUNE M. D. or other
19. (Datelree'd by registrar) Registrar	Address larpton mik Date signed /2 4/10

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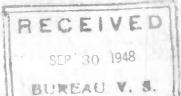
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

DTIFICATE OF DEATH

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CERTIFICA	ATE OF DEATH Reg. Dist. No. 330
City or town City or town (If outside city or town limits, the RURAL and give nearest town) How long in above place of death? Rospital institution, or street address where death occurred: How long in hospital or institution How long in hospital or institution	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. (If outside city or cown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3. (a) FULL NAME Dixon Irma Lee	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced temple Colored child	MEDICAL CERTIFICATION 20. DATE OF DEATH. Sept. 27 19.48 21 9.30
8. AGE: Years Months Bays If less than one day hrs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9 27 47 19 10 9 2 19 and that I last saw h 2 an alive on 9 2 7 2 8 19 Immediate cause of death DURATION min. Bue to Mot Buows
10. Usual occupation	Due to
13. Birthplace Manufand 14. Maiden name Saudty Osycon 15. Birthplace Unotto, Fa	(Include pregnancy within 3 months of death) Major findings of operations
16. Informani Schally Sylens Address www/lyll mg Ruge #2	Antopsy results
(Burfal, cremation, or removal, Whios) Cemetery or crematon () () () () () () () () () (Accident, suicide, or homicide
Location Supplied Tour Tour # 5	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Annh Mill Mg 15 Data 12 2 19 2 Drus Strong lands (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE action M. D. or other trar Address Salisbury, Md. Date signed 9/27/



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County VI 1.C. TYPACO	1'
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Jennsula General Hospilas	(If rursi, give LOCATION)
How long in hospital or institution? 12 days.	2.(a) If veteran, name war.
1	2.(3) II veterall, maine was
3. (a) FULL NAME	3. (b) Social Security Number
Ellia mr. anna may Ellia	Low
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Homesle & White Raccied	0 14 131 115
Terrelle Voult muit marcina	20. DATE DE DEATH. Sept 12t. 19.48 at 2 1 10 m
EM ma Printers	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
(b) Name of husband or wife. Cally and the cally and the cally and the call and the	aux 38 1944 Sand, 1948
7. Birth date of 7. Bir	
7. Birth date of deceased (mo., day, yr.) . Relet. 7-1885	and that I last saw h calive on
	Immediate cause of death
o. Aut.	- Val
67 10 23 hrs	
- National and	. Dural divina
9. Birthpiace (Town, county, and state)	Due to June 2
1D. Usual occupation.	Due to
11. Industry or business	
12. Name 6. delvaced was lineage 13. Birthplace Sulaway	Dther conditions
12, 1211	BAIIES COMMISSIONS
	(Include pregnancy within 3 months of death)
14. Maiden name Macy Deles Long d 15. Birthplace Macy Cared	
	Major findings of operations.
\$1 15. Birthplace	Date of op
16. Interment Cleentry T. Gellis	Autopsy results
Address Alexander Sel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Deleuak Del	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Date thereon (month) (day) frear)	Accident, sulcide, or homicide
Cemetery or crematory OA Quellacity Called	Whera did Injury occur?
Location Large alel	Injured al home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Analysis Sellialistas	Missis of many
1/3 5 1 2 01	the are
Address desilate della - Ma	23. SIGNATURE LES CONTRACTOR LES CON
Soft 5 Was Much During	M. D. or other
(Date Ac'd by registrar) (Registrar	Address Date signed 4/5/41

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State May Local County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3.(a) FULL NAME Favell mis fanet.	3. (b) Social Security Number
Female white married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH
6. (c) Name of husband or wife	and that I last saw h 2 alive on 2 19 00 000 0000 0000 0000 00000 00000 00000
8. AGE: Years Months Days If less than one day 3. Birthplace	Due to.
tt. Usual occupation tt. Industry or business 12. Name	Due to
t3. Birthplace Handler name	(Include pregnancy within 3 months of death) Major fiedings of operations
Address Elen Maryland 17 (Burtal, cremation, or rangeal, Whiteh?) (Burtal, cremation, or rangeal, Whiteh?)	Actorary resolts
(Burtal, cremation, or reasonal. Which?) Cemetery or crematory Location	Mhera did injury occur?
Sept. 8 19 45 Soure Strong Layer	23. SIGNATURE LA LAWAY M. D. or other Author Fruittais of Bala signed & 7-48-

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2411 N. Charles St., Baltimore

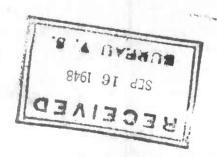
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CERTIFICATE OF DEATH

v. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother)
City or town	State ffaugang County Samuel City or lown Rrivers and
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Gennaula General Hopketal	Street No
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME George Themes The	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colour Widowed	20. DATE DE DEATH September 121948 31 /1 Popul
6.(b) Name of husband or wite. Elegebatte Flienner	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
A.6.(c) tf alive, give age year	19.74 10 7 7 19.74
7. Birth date of deceased (mo., day, yr.) (Punksman 1871	and that I last saw h. I.M. alive on
8. AGE: Years Months Days If less than one day	Generalies Collengmaxuelo
August Carries 7/2	- (108 A LAN DOLLA AL. 11 DE A 1 X 10)
9. Birthplace (Town, county, and atate)	Due to
1D. Usual occupation. There is a second of the second occupation.	Due to
11. Industry or business	
12. Name Virginia	Other conditions
	(include pregnancy within 3 months of death)
14. Maiden name Mayra Truff	Major findiogs of operations
11 1011 1866	
16. Informani	Autopsy results
Address Prince Date thereof Date 15/948	22. VIOLENCE: It death was due to externat causes, till in the tollowing:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur? (City or town) (County) (State)
Location Loc	Injured at home, farm, Industry, public place (where?) Anjured at work?
18. Funerat director	Meane of injury Anjured at work?
Address Pocomoke Ma.	23. SIGNATURE. THE SKILLS
	M. D. or other



CERTIFICATE OF DEATH

	TOB. DISC. TO MANAGEMENT
1. PLACE OF DEAT Vilonilo	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infant give regidence of mothed)
County	State Maryland Comits
(If outside city or town limits, write RURAL and give nearest town)	
ow long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
1-/5- 1804.	offered Ro.
ow long in hospital or institution?	2.(a) If veteran, name war. North War #2
R (a) FULL NAME	3. (b) Social Security Number
Gellam, John	Thomas 3. (0) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, withowed, or divorced	MEDICAL CERTIFICATION 2
male white Single	20. DATE OF DEATH Sept. 30 19 48 at 10
	21. I CERTIFY that death occurred on the date above stated; that I attempted deceased from
6.(b) Name of husband or wife	19
7. Birth dale of 96. (c) 11 alive, give age	and that I last shift dive on 19
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days II less than one day	Eronony occhision Sudi
72 8 //hrs.	min. aleal
9 Shore Operator	Due to
Me state Read Digartmet	
10. Usual occupation.	Due to
of the minimum and the minimum	· -
12. Name John N. Sill Sill 13. Bigneliace Bedford County Pu	conditions
13. Blyndlace / 324 feet Colony Pa	(Include pregnancy within 3 months of death)
14. Maiden name	Major fiediags of operations.
15. Birthplace allegany County	LQ . Date of op.
m. John M. & Sillian	Autopsy resolts
Address Paw Paw West miginis	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
Russel Art. Hal	94 CO. VIOLENCE: Il death was due to external causes, fill in the following:
(Burial, cremation, or repoy. Wind)	Accident, suicide, or homicide,
Genetery of crematory Olalloun Cameley	Where did injury occur?
Adtown margarello	Injured at lume, tarm, Industry, public place (where?)
Location Mean Countries	Miseks ownjury Injured at work?
10/884 Con May + Co. Wall R. Hellowe	Laka demader Inn
Addres Califfy maryland,	23. SIGNATURE AND
Date 1 10.48 Philosternolau	M. D. or other
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No. 339

1. ACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
La gladal	State. Maryfard County. States
(If outside city of fown limits, write RURAL and give nearest town)	
How was in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Juniarila Garrel Stagetal	Street No. (If rural, give LOCATION)
How long in hospital or institution?/2 has 45 min.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Xarris, Alliess	
4, Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male a married	20. DATE OF DEATH SIXTERALEN 3 19 48 at \$30 A.M.
6.(b) Mame of husband or wife To ourse Harus	21. I CERTIFY that death occurred on the date above stated; that I aftended deceased from
6.(c) If alive, give age 52 years	Dept: 3 18 4 X, 10 5-16 3 18 48
7. Birth date of deceased (mo., day, ýr.) 2 - 13 - 18 93	and that I last saw h. (Alive on
8. AGE: Years Months Cays If less than one day	Immediate caose of death
53 6 40 min.	Sashoeutritin-acute 36 hay
9. Birmpiace Adam (Town, county, and state)	Due to
10. Usual occupation Harmer (1800), and state)	
11. Industry or business	Que fo
	Other conditions Thrombourge Life 12 les
12. Name Demjain Hans 13. Birthpiace Hamp ton, Va.	terror ferral and
	(Include pregnancy within 3 months of death)
14. Maiden name Callie Harris 15. Birthplace Hampton, Va.	Major fiedings of operations.
101. 14. 141.	Actopsy resolts. Cos Shows
16. Interment	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
Address Hamplan, 10 4-40	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemeiery or crematory	Where did injury occur?
Location Aduration, va.	Injured at home, farm, industry, public place (where?)
18. Funeral director Village A. Dures F.	Means of Injury Injured af work?
Address To 1249 20 Delege Wall	La Rochemater Mr. A.
AUGUST VILLANDE AND CONTROL OF THE PROPERTY OF	23. SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Stella Hart	
4. Sex Pernæle Col. Mauried, widowed, or divorced Pernæle Col. Mauried 6.(6) Name of husband or wife. Charles 16. To art 7. Birth date of deceased (mo., day, yr.) July 8, 1891 8. AGE: Years Months Days It less than one day 57 2 hrs. min. 9. Birthplace. What of are supported by the country, and state) 10. Usual occupation. The country and state) 11. Industry or business 12. Name. Ca alexander of are supported by a superior. Mal.	Due to
13. Birthplace White Bayen, Mail 14. Maiden name Rock Creek, Mail 15. Birthplace Rock Creek, Mail 16. Intermant Rock Rock Rock Rock Rock Rock Rock Rock	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statisticslly. 22 VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Whera did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Injured at work? 23. SIGNATURE M. D. O other M. D. O other



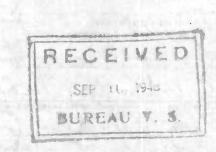
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For region fants give residence of mother)
County	Md. a Mermuc
(If outside city or top a limits, write RURAL and give nearest town)	Salista.
Now long in above place of death?	City or iown
Hospital institution, or street address where death occurred:	Street No. 310. Elizabeth St.
3/0. Chy area mos	(Mural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
annie Elizabeth H	eath
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
femile This Tradow	2D, DATE DE DEATH SECTION 19 19 19 19 19 19 19 19 19 19 19 19 19
John Refert Health	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
8.(b) Name of husband or wife	May 3, 1046, 10 Sept 6, 1048
7. Birth date of Service age years	and that I last sor h -Y alive on Solt 6 1948
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If lexs than one day	Mugacial Tio
80 /0 //hrsmin.	
9. Sirpholace Ourle Maryland	Due to Orterio de l'essió
8. Birihpiace	Hyllestine
1D. Usual occupation	Due fo
11, Industry or business	
12. Name Olifander Many Many Lan	Other conditions
13. Birthplace Oloke Marylan	(Include pregnancy within 3 months of death)
14. Maiden name Harrit Faird	
14. Maiden name Hannet Jana 15. Birthplace Ourle Manyland	Major fiadings of speratisms.
The mission / marie	Date of op.
16, Informant	https:// results
Addy \$310. Elizatet A. Saluthy	22. VIOLENCE: If death was due to external causes, fill in the following:
Tourse Date thereof to 5-1194	Accident, suicide, or homicide
(Burial, cremation, or removal Which?)	
Cemetery of crematory	Where did injury occur? (City or town) (County) (State)
Location American Ame	Injured at home, farm, industry, public place (where?)
Hollman Ly Walter R. Holling	Means of injury Injured at work?
Malitan Med 1	1011
Address Manual Control of the Contro	23. SIGNATURE M. Dorother
12 Sept- 8 1048 Jourse Strong auto	23 8 Ca Da Coue. 1010 1916/48
(Date/yec'd by registrar)	III ACCIESTANCE OF THE PROPERTY OF THE PROPERT





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new porn infants give residence of mother)
City or town All Manager 1	State Many Acoust Hold MICO
(If outside city or town limits, write RURAL on give nearest town)	City or town Sharplas
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Dasie Belle Ke	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, yidowed, or diverged	MEDICAL CERTIFICATION
Emil Francis	20. DATE OF DEATH 1948, at 8.03 P. M
6.(6) Name of husband or wife A	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) a Stillman 10. 1879	and that I last saw h.27alive on 3
8. AGE: Years Months Bays If less than one day	Immediate cause of death
69 1/2 25nrs. min.	Carouthus Colon 10 Month
9. Birthplace Market (Town, county, and state)	Due to
10. Usual occupation Squalwill	
ff. Industry or business_	Due to
12. Name Sattling Bully 13. Strippiace Marketon Marketon	Other conditions Cerebral Newsonkogs for Ul miles
	(Include pregnancy within 3 months of death)
14. Mulden name Elizabeth Solution 15. Birthplace Marketh, Max	Majar findings of operations.
E 15. Birthplace	- Date of op.
16. Informant	Antopsy results.
Address Shallplaum and	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, eremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or cremator.	Where did injury occur? (City or town) (Connty) (State)
Markelay Mid. V	
Location	Injured at home, farm, industry, public place (where?) Means of Injury Injury Injury Injured at work?
18. Funeral director de la financia del financia del financia de la financia de l	10,000 01 7071
Address Marshy Ma.	23. SIGNATURE of Thech human
19. 9-7 1948 Waller Mary	Shark Fra Wed M. D. or others / V. C.
(Date rec'd by registrar) Registrar	Address & Augustin Date signed



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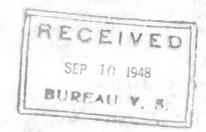
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County County City or town. City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution, or street address where death occurred: Now long in hospital or institution? Cusual RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest Street No. (If ryral, give LOCATION) 2. (d) If veteran, name war 1/2	t town)
	V
4. Sex 5. Colord race 0 06.(a) Single Imarried, widowed, or divorced MEDICAL CERTIFICATION	
6.(b) Name of husband or wife 21. I CERTIFY that death occurred on the date above stated; that I attended deceased 2 Sept 1948, to 2 Sept 2. Birth date of 2 Sept 2 and that I last saw here alive on 2 Sept.	1948
8. AGE: Years Months Days It less than one day Intestinal obstruction Intestinal obstruction	DURATION UMISMOULE
9. Birthplace	
12. Name	u _a
Actopsy resolts. Actopsy resolts. Actopsy resolts. Actopsy resolts. PHYSICIAN: Please underline the cause to which death should be charged statis 22. VIOLENCE: It death was due to external causes, fill in the following:	tisticalty.
Date thereof. (Booth) (day) (year) Cemetery or crematory. (City or town) (County) (S Injured at home, tarm, industry, public place (where?)	
18. Funeral director Herry Injured at work? Address Pocourage City Ma 19. De 12-8 1948 Societationalana Registrar Address Palesbury Md. Date signed M. D. of gr	MLO;

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BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? Hospital institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State County City or town (1f outside city or town limits, Write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) ff veleran, name war.
3. (a) FULL MANE ROBERT BRUCE	3. (b) Social Security Number
4. Sex 5. Color or face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 29 19.48 at 4:309 M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Soldon 27 28 19 18 8. AGE: Years Month Days If less than one day	Immediate cause of death DURATION Prematurely DURATION
9. Birthplace S. Clislery, Wile Maryland. 10. Usual occupation	Due to
12. Name Long, Mr. Groupe Dongton 13. Birthplace Ononeoch, Vignia 14. Maiden name Menutt, Mangdret Jame 15. Birthplace Jamesulle Virginia	Other conditions
16. Informani Inla. manganet forg	Antopsy results
Address Valland Date thereof. 9 199/45 (Burial, cremation, or removal, Which?)	22. VfOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Location Saludium, manyland Hospital 18. Funeral director Classical Gunniel Nospital	Where did injury occur?
Address Salibury, maryland 19 Sept 29 (Dato[rec'd by registrar) 18 18 Journation Laylon (Ragistrar)	23. SIGNATURE See L'Acury M.D. or other Address Fruitland Ma Date signed 9.29.48

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ADING INK. Supply every item of information carefully. He correct Physicians: please write the causes of death clearly and eginly.

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BUREAU V. S.

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Aug. State (10 mar.)
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fig. newborn infants give residence of mother)
County County	State Mansfart County During
City or town (If outside city or town limits, write RURAL and give nearest town)	1 / low mal
low long in above place of death?	City or town
lospital, Institution, or street address where death or pured:	Street No.
ow long in hospital or institution?	(If rurat, give LOCATION)
B. (a) FULL NAME	3. (b) Social Security Number
Emma Elisahts	L' Souse
Sex 5. Color or race 6.(a) Single, married, watored, or divorced	MEDICAL CERTIFICATION
terrel White gramed	20. DATE DE DEATH. Self 1848, 214,28P
(b) Name of husband or wife Roket & Source	21. I GERTIFY that death occurred on the date above stated; that Lettended deceased from
フラ	years 7 194 10 194 194 194 194 196 196 196 196 196 196 196 196 196 196
1. Birth date of I 2 C 1 C 7 C	and that I last saw h A alive on 19
deceased (mo., day, yr.) AGE: Years Months Days II less than one day	Immediate cause of death Temperature DURATION
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Durand Class & Jan	1 . Barren Brown
Birthplace	Due to Be for Delated per Land State 3 300
C. Usual occupation	Due to.
Industry or business	996 (0
12. Name touck canno	
13. Birthplace Survey Courts Ley	
14. Malden name Olering Calking	(Include pregnancy within 8 months of death)
15. Birthplace Sparsey Courty, Lee	Major findings of operations.
P Q Q	Date of op.
6. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address delma del	22. VIOLENCE: It death was due to external causes, till in the following:
7. (Burish, cremation, or rongival, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or creams 199	Where did injury occur?
allma Del	(City or town) (County) (State)
Location	Meens of Injury Injured at work?
18. Funeral director 20	214+
Address Delmon Reef	23 SIGNATURE TITLE
2 Struly 3 .45 Harry Edud	M. D. or other
(Date rec'd by registrar)	strar Address Address Andress

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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E./ / 11		
7/1	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED?
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A:2	County	M. D. A. Mulomua
eg L	City or town Laurence	State
- e	(If outside city or town limits, write RURAL and give nearest town)	10 habitan
27		City or town
fully	How long in above place of death?	if outside city or own limits write RUR L and give nurrest town)
an	The state of the s	217 60 1617 1117
0 >	Hospital, Institution or street address where dath occurred:	Street No.
22	1. B. Argu.	(Urral, give LOCATION)
on care		(Griffial, Rive Lock Holy)
C o	7 days 17 less	2.(a) If veteran, name war.
00	How tong in hospital or institution?	2.(a) II veleran, name wat
T c	THE WASHE	B
death	3. (a) FULL NAME	3. (b) Social Security Number
E 8	11 Here	
deat	IMMU Trances	Lucas
of	4. Set 5. Color orridce B.(a)Single, married, widowed, or disporced	MEDICAL CERTIFICATION
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eee	Hrasel / Jule / Xianie	1/201 110 10 10 10 10 10 10 10 10 10 10 10
1 2	12000-4	2D. DATE DF DEATH.
item of		
9 3	Esperal V. The Care	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
e	B.(b) Name of husband or with	
D'd		Lept 13 1948 10 Sept 1 1 1948
every ite th	B.(c) If alive, give age	
eve	7. Birth date of Q 29 1553	and that I tast saw her alive on Sympa 17 . 19 18
it e		
H	deceased (mo., day, yr.)	Immediate cause of death DURATION
-3	8. AGE: Years Months Days If less than one day	
0 0	8. AGE:	The series as as
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N S	9. Birthplace	000 10
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	Home lay,	
0.2	1D. Usual occupation.	Bue to (44 Cutations)
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ADING Physici	11. Industry or business	
O'E	a dies la territoria	
4J	= 12. Name	Other conditions
T	E 7242	
7 40	12. Name Thank Carter Maryland	
UN		(Include pregnancy within 8 months of death)
	5 laceand (11 min	
田高	= 14. Maiden name	Major findings of uperations.
WITH	14. Maiden name bloggane Cloud 15. Birthplage KM Certa G. Maryland	Melot manaks at aborginas.
Hu	E 15. Birthplage Clean Co. Many and	Rate of on.
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- >	My sames I to pas all	Aliopsy resulted aftere:
7	16. Informant	The state of the s
7.8	317 611 1.12 3 1/11 1	PRYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINL is especia	Address . Sernatet 14 . Salution 11	9
LAINI	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VIOLENCE: If death was due to externat causes, fill in the following:
A. 10	Bate thorethere a 20-1177	
J 0	(Rurial eremation deremand Which)	Accident, suicide, or homicide
Dr vs	(Burial, eremation, or removed, Which?) (day (ear)	
	() a flucture (comeller	Where did injury occur?
WRITE	Cometery of crematory	(City or town) (County) (State)
E .	100 lane Whateles I	A LA LAND CONTRACTOR CONTRACTOR
03	succession of any and	injured at home, farm, industry, public place (where?)
5		Manns of Injury Injury Injury
-	A TURNANG I VICELII K HICE BOSON	Meens of injury Injury Injury
E	18 uneral disector.	
S	11:01 17:00	
7	Littlenda I. 11 Maristand	+4.0-C-7-11
鱼一		23. SIGNATURE
3	9 14 15	M. D. or other
Ic	I would will be the second will be the second will be the second with the second will be the second will be the second with the second will be the second will	8) 10 11 000 1 0 0 18
layed	(Date red by registrar) Registrar	Address Date signed 7 The Table
Marie III	(Date of a st registrat)	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09785 Reg. Dist. No. 339_

City or town	State County Clay or town (If outside city or town limits, write RURAL and give nearest town) Street No. Clay or town (If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME Wood mitchell	3. (b) Social Security Number
4. Sex / 5. Color of race 8.(a) Single, married, widowed, or divorced M W Mavveld	MEDICAL CERTIFICATION 20. DATE DF DEATH. 2 7.71
6.(6) Name of husband or wife. Aleel T. Mitchell 6.(c) Name of husband or wife. Aleel T. Mitchell 7. Birth date of F. C. (c) If alive, give age. T. years 7. Birth date of T. T. C. (c) If alive, give age. T. years	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days II less than one day Months Days II less than one day	Immediate cause of death DURATION OCCIUSION
9. Birthplace Sales Kelly (Manueg, M. A. (Towy, county, and atate) 10. Usuai occupation Dulling Dusiness	Due to
11. Industry or business 12. Name Lacyard Denuvod mitchell 13. Birthplace Salesbury. md	Other conditions
14. Maiden name Maddel E. Messick 15. Birthplace Salpbury, Md	(Include pregnancy within 3 months of death) Major findings of operations
Address & GO Camales avenue	Actopsy resolts
17. (Burial, cremstion, or removal. Which?) Date thereol. (month) (day) (year)	Accident, suicide, or homicide
Location Solication So	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director All Mill Thurson Co Address Alespany and	23 SIGNATURE HUDRILL
10 Date fee'd by registrar) 19 18 Journe Styng auli	Address 30 47. Duysean State signed 9 28.4

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	Dr Hilmore
1	1. PLACE OF, DEA
1	county Tuce
	City or town
	How long in above place o
-	Hospital, Institution, or s

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09786

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown. Salisate the companion of	City or town W. County County County City or town W. (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Seniorsula Linutal Hospital.	Street No
How long in hospital or Institution?	2.(a) It veteran, name war.
3. (a) FULL NAME Melson mrs mary Louise	3. (b) Social Security Number
4. Sex 5. Calefor race 6.(a) Single, married glowed, or divorced Female White married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of husband or wife. 20 1000 1000 1000 1000 1000 1000 1000	21. LCERTIFY that death occurred on the date above stated: that Lattended deceased from
7. Birth dafe of deceased (mo., day, yr.)	and the same of th
8. AGE: Years Months Pays tiless than one day	disease Heart 5 yrs
9. Birthplace	Oue to. Alexandre fere
10. Usual occupation	Due to
12. Name Bruse & Rebertson and.	Other conditions Olecure of John
14. Maiden name Jela a. M.	(Include pregnoncy within 3 months of death) Major findings of operations.
16. Informant Wilson Nelsoff	Aotopsy resolts
Address Princess Prince Mid	PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22 VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?)	Accident, suicide, or homicide
Location Mr. Cerry Wille By Of	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Charles flosheelf	Meens of Injury Injured at work?
Address Stringers Williams Indiana	23. SIGNATURE M. D. or other 13/94

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CEPTIFICATE OF DEATH

CERTIFICA	Reg. Di	at. No.
1. PLACE OF DEATH: . County Sucassuces	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	1/2/.11	mile
How long in above place of death?	City or town (1f outside city or town limits, write RURAL)	ond give nearest town)
How long in hospital or institution?	(If rural, give LOCATION) 2.(α) If veteran, name war	# /
3. (a) FULL NAME	3. (b) Socia	al Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICAT	
Male White Morney		19. 48 at 6 35 A.
6.(6) Name of husband or wife	and that I last saw h	6 Sept 19 48
8. AGE: Years Months Days If less than one day	n. Losemia	DURATION
9. Birthplace (Town-county, and state)	Due to Chilled Doublet	Jacob
10. Usual occupation	Oue to	
12. Name day d. Farker. 13. Birthplace M.	Other conditions	
13. Birthplace 14. Malden name Sarah Ellen Hudson 15. Birthplace	(include pregnoncy within 3 months of death) Major findings of operations.	
15. Birthplace miles	Date	of op
16. Informant Willards Sp. 181	PHYSICIAN: Please underline the cause to which death should	he charged statistically.
Address 17	Registrit selected of items	llowing; Date of
Cemetery or crematory Sethel Councilery	Where did Injury occur?	
Location Market Mr. Paska Mallan		at work?

23. SIGNATURE ...

Address.....

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY is especial K15 SA

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Address

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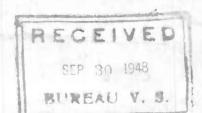
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

36

CARTITION	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town county Street No
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced female colored allo	MEDICAL CERTIFICATION 20. DATE OF DEATH 27 Reptember 1848 212:15A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 24 1914. 1848. 10. 27 1915. 1948. and that I tast saw h
14. Maiden name Blagger 15. Birthplace Stager 16. Informant Blagger Address Stables with the Company of the	Major findings of operations
18. Funeral director	Injured at home, tarm, Industry, public place (where?) Means of Injury tnjured at work? 23. SIGNATURE M. D. or other Address Date Sleery M.C. Date signed 7/27/4.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Wicomoco City or lown Mardella Springs (If outside city or town limits, write RURAL and give nearest town) Streef No.	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh?		
	(If rural, give LOCATION)	
How fong in hospital or institution?	2.(a) ff veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Joseph H. Perkins 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
Male Negro Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH September 25 19.48 112:30	
Caralla W. Dandadana	21. I CERTIFY that death occurred on the date above stated; that Vaftended deceased from	
6.(b) Name of husband or wife SATAN M. PETKINS 6.(c) If alive, give age years 7. Birth date of	and that I last saw h. MM valive on	
deceased (mo., day, yr.) February 23, 1,885	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Chrome Myreadins	
9. Birthplace Kent County, Maryland (Town, county, ond state) 10. Usual occupation Farmer 11. Industry or business Farm	Due fo	
12. Name Phoenix Perkins 13. Birthplace Kent County, Maryland	Other conditions Clescy Chefilsini	
	(Include pregnency within 8 months of death)	
14. Maiden name Unknown 15. Birthplace	Major findings of operations.	
	Date of op.	
16. Informant Glasker Perkins Maryland Glasker Perkins Maryland	Actopsy results	
17. Burial Date thereof Sept. 29, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Mardella Springs Cemetery	Where did injury occur?	
Location Mardella Springs, Maryland	Injured af home, farm, industry, public place (where?)	
18. Funeral director Herbert M. St. Clair, Jr.	Meens of injury Injured 2t work?	
Address Cambridge, Maryland	23 SIGNATURE William Emerica	
19. Seft 28-148 WHASfection (Date seed by registror) Registrar	Helom, m. M. D. omether	

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	CERTIFICA	ATE OF DEATH	Reg. Diat. No. 333
How long in above place of death?	u mus,	Street No. 408 E. (If rural	pouty (phita, write HURAL and give hareat toyh) (phita, write HURAL and give hareat toyh) (phita, write HURAL and give hareat toyh) (phita, write HURAL and give hareat toyh)
How tong in hospital or institution?	· · · · · · · · · · · · · · · · · · ·	2.(a) if veteran, name war	***************************************
3. (a) FULL NAME	intta Pus	en	3. (b) Social Security Number
Genral Mili-	Single, married, widowed, or divorced Marrie D	20. DATE OF DEATH 9/26/4	CERTIFICATION (23)
6.(b) Name of husband or wife 6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) April 7. 8. AGE: Years Months Day 9. Birthplace	H. Pusy B.(c) If aliva, give age 5 ye		at Jabove stated: they lattended deceased from
deceased (mo., day, yr.) Amonths 8. AGE: Years Months Day	rs If less than one day	Immediate cause of death	Quelle Const
9. Birthplace	aut ra	Due to Carlains	ælus.
10. Usual occupation	~ 66	Due to	- 60-0-11
12. Name Accordance 12. Name Accordance 13. Birthplace 24. Accordance	J.C. 72	Differ conditions (Include pregnancy with	hin 8 months of death (exocentatio
12. Name. All Comace 13. Birthplace 14. Maiden name Hemintte 15. Birthplace 15. Birthplace	e County, 29.	Major findings of operations	Date of op.
16. Informant 4. Edward 74.	Sallila Ma		to which death should be charged statistically.
a Burne	e thereo (month) day (year)	22. VIOLENCE: If death was due to extend	Date of
Detection Clau Preom	he Marylan		ace (where?)
18. Fusieral director	Valla NO Holl.	Manage of Injury	Injured at work?
19 Data rec'd by registrar)	ouis Strong Taylo	23. SIGNATURE Address 203 W. Che	Date signed

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age WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sist especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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PLEASE

CERTIFICAT	E OF DEATH	Reg. Diat. No. 335
1. PLACE OF DEATH: County	City or town Sharktonn	inly
How tong in hospital or institution?	2.(0) [1 Veteran, name wat	
3.(a) FULL NAME Ella J. Robinson		3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
7 W.	20. GATE DF GEATH	9/1, 1948 11 8-30P
6.(6) Name of husband or wife Hillis B. Kobinson		ove stated; that I affended deceased from
7, Birth date of 7, Bir	and that I last saw h Av. alive on	
deceased (mo., day, yr.) Upril 12 1866	Immediate cause of dashe	
8. AGE: Years Months Days If less than one day	asthuma	24201
82 4 18hrsmin.	1	
9. Birthplace Sharttonn Vic Mt (Town, county, and state)	Due to Chronics for	n clutes.
18. Usuat occupation.	Due to	
11. Industry or business	***************************************	
12. Name Mal	Other conditions	
	(Include pregnancy within 3	months of death)
14. Maiden name Cellen Wright 15. Birthplace Ma	Major findings of operations	
15. Birthplace Md		Date of op.
16. Interman Japane Dk. Robinson	Antopsy results	
Address Sharktonn	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
17 Burial Date thereof 9 3, 1948	22. VIOLENCE: If death was due to external ca	uses, fill in the following;
(Burial, cremation, or removal Whith?) O (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or crematoff august	Where did injury occur?(City or town)	(County) (State)
Location Sharktolin	tnjured at home, farm, industry, public place (w	
(nhame and Base)	Mesns of Injury	tnjured at work?
18. Funeral director	~	100 00
Address Sharploure	23. SIGNATURE	hluan M.D.
19. 9-3 (Date rec'd by registrar) 19. 48 Walle 4. Mann Registrar	Address Pharptonn	M. D. or other M. D. or other



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

og. Diat. No. 339

1. PLACE OF DEATH:	2. USUALARESIDENCE (HOME) OF DECEASED:
County C COMMA	(For pour infants give residence of motifer)
City or town assorting	State County County
(If outside city or town limits, write RU) AL and ave nearest town)	City or town. Parsonstung
How long in above place of death?	outside city of town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Street No
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Ida Elizafeth	Shockley
4. Sea 5. Color or racs 6.(o) Single harried, widowed, or divorced	MEDICAL CERTIFICATION
lengel White married	Sent 18 2 48 325
V. 1. + C 11 1	20. DATE OF DEATH
6.(b) Name of husband or wifs.	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from
	19 19 19
T, Birth dats of	and that I last saw h day alive on 19
deceased (mo., day, yr.)	Immediate cause of death Told 197777744 DURATION
8. AGE: Years Months Days If less than one day	
63 8 3hrs.	min.
RD. # 2. Parombrus	Mario Hyperhanno California
9. Birthplace	marante Dissess 15 72
10. Usual occupation Atomic Wy	
at Home	Due to
11. Industry or business	
12. Name Blogge M. Paroniburg. M	Diher conditions
	(Include pregnancy within 8 months of death)
14. Maiden name & attice E. Quitt	
DD#2 Prisontus Md	Major findings of operations.
E 15. Birthplace Control	Date of op.
16. Informani	Autopsy results
RD#2. Panonhus Maryla	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Duice 1 121-1	160 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, o removal. Which?) Date thereal (month) (day) (year	Accident, suicide, or homicide
line M Chairth Com	Where did labor neers?
Cemetery or crematory	
Location Jan Jan Jan Jan Jan	Injured at home, farm, Industry, public place (where?)
was Prairie ma & Holloway & Co.	Means of Injury Injured at work?
18. Fineral directors	10 mas Att
Addres Saluting Ma Maller R. 188	1 23. SHMATURE
But and Prival Phil	M. D. or other
(Date rec'd by registrar)	gistrar Address SWING AND Date signed Lage 2016

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Inc-correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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FRTIFICATE OF DEATH

Reg. Diat. No. 339

CERTIFICA	ALE OF DEATH Reg. Diat. No. 32
1. PLACE OF DEATH: Wicomico	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Oily or town	City or town
How long in above place of death? Hospital, institution, or street address where death occurred: Peninsula Cenexal Hospital	Street No. (If rural, give LOCATION)
How long in hospital or institution? 2days, 7 hrs, 5 min.	2.(a) If veteran, name war.
Sutton, BAby Boy FRED E	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Whik Single	MEDICAL CERTIFICATION 20. DATE OF DEATH September 5 19.48 21 9
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth date of deceased (mo., day, yr.) Styptember 3, 1948	and fhaf I was saw h. L. 270 alive on
8. AGE: Years Month's Days If less than one day 2 d Ay5	Respirator tailine
9. Birthplace Salishury Aicennies, Maryland for Usual occupation Child	Que 10 fremative 21
10. Usual occupation	Due fo
12. Name Suttery Edward Nelson 13. Birthplace Descrip Marchand	Dther conditions
13. Birthplace Jessip, Marifard	(Include pregnancy within 3 months of death) Major fludiugs of operations.
14. Maiden name Aloritz Nellie Former. 15. Birthplace Mardella, Md.	Major hudiugs of operations. Date of op.
16. Informant	Autopsy results
Address Salislavay M.S., 17. Canatial Date thereof Sept. 5, 1948. (Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) Record crematory Amunaula Sunual Gasple	Accident, suicide, or homicide
Location Additionally Media	(City or town) (County) (State)
18. Funeral director Lannaculas General Stageth	Mesns of Injury Injured at work?
Address Saliskury, Md.	23. SIGNATURALENTA Star
(Date ree'd by registrar) 19 48 Atrual Trung Registrary	Address Salisber Bate signed 9-6

SEP 9 1948

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BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

er, Dist. No. 33 9

	Nog. Dist. 100.
1. PLACE OF DEATH: Nacomile	2. USUAL RESIDENCE (HOME) OF DECEASED: (For no this infinite give residence of mother)
City or town Saustrus	State 189 County Methods
(If outside city or town limits write RURAL and give nearest town) How long in above place of death?	City or town
Hospita Chstillilion, or effect address where death occurred:	Street No. R.O. # 2
How long in hospital or institution?	(If rurat, give LOCATION) 2.(a) it veteran, name war
3. (a) FULL NAME	(a) Social Security Number
4. See 5. Color or race (S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
femily White I redow	20, DATE OF DEATH. 21 326
6, (b) Namo of hueband or wite . Redney Jaylor	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth dato of Section 1 Section 2	and that last oaw holden slive on left 14 19 45
deceased (mo., day, yr.) 8. AGE: Years Months Daye titles then one day	Immediate cause uf death
85 6 29hrs	Louis Cale 3 days
9. Birthplace P.D. Salisbury Md	Due to
(Town, county, and atate) 8	
11. Industry or business a at Home	Due to
12. Namo 12. Namo Md	Other conditions Arlered Robertole
	(Include pregnancy within 3 months of death)
14. Maiden name Marcha Humpflage	Major findings af operatians
Mr. Erentt 1. Daning	Autopsy results
16. Interment M. # 2. Hehow Mid.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17 Build Date thereof Sept. 16-199	Accident, euicide, or homicide
(Burial, cremation, or provost, Which?) (month) (day, year)	Where did injury occur? (City or town) (County) (State)
Cemetery or crametor to the first seed	tnjured at home, farm, Industry, public place (where?)
Location	Mans of Injury Injured at work?
suchery maryland.	Thered V. Change, Marco
Soft the US River Hard Toule	23. SIGNATURE M. D. or other
(Date ec'd by registrar)	Address Allang Ref. Dato signed J. H.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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2 USUAL RESIDENCE (HOME) OF DECEASED.

The correct age

1 PLACE OF DEATH.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09794 Reg. Dist. No. 332

County Julanila	(For newborn infants give residence of mother)
City or fown (If outside city or town lyngs, write RURAL and give nearest town)	State May County lucesuice
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Delaword .
Delaware Sheet 70	(If rural rive LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tase l. welliams	· no
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Semale a.a. married	20. DATE DE DEATH Seplemen 10. 19 48 21 8 1.
6 (b) Name of husband or wife Edward Swilliagon	21. I CERTIFY that death ocquired on the date above stated; that I attended deceased from
An Th	July 10 1948 10 Fift 19 48
7. Birth date of / F / 492	and that I last saw h. & alive on Supt 8 19 8
deceased (mo., day, yr.) 2 A.C.F. Years Months Days It less than one day	Immediate cause of death
o. Add.	
about 06min.	aidy raseway rues was
9. Birthplace (10wn, county, and state)	Due fo
10. Usual occupation Hausemife	
11. Industry or business Same as aleque	Due to
12. Name Juge house of va	Dther conditions
K N N N N N N N N N N N N N N N N N N N	(Include pregnancy within 3 months of death).
14. Malden name	Major findings of operations.
\$ 15. Birthplace Milomprain va	Date of op.
16. Informant of claud flusher	Autopsy results.
Address Saleslines . Mrd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Aurial Date thereof Left 13-1740	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Greene alexander	Where did injury occur?
Location Salesbury and	injured at home, farm, industry, public place (where?)
18. Funeral director ames & Stiwart	Means of Injury Injured at work?
Address & Salialiana and	to my +1
S it surring that	23. SIGNATURE M. D. or other
1920bl. 13 1948 Sourcedhangland	Ded grave

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